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opropriate District Office
STRICT-1
D. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

STRICT II O. Drawer DD, Artesia, NM 88210 STRICT III 00 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No.

perator			30-015-23300		
Kaiser-Francis Oil	Company /				
ddress	Tulsa, OK 74121-1468				
P. O. BOX 21400, 1 leason(s) for Filing (Check proper box)	luisa, ok /4121	X Other (Please explain)	to the stallowable for	or August	
New Well	Change in Transporter of:	This is to requ	est a test allowable for	1.	
tecompletion X	Oil Dry Gas	1993 in the amo	unt of 1200 bbls of oi		
Thange in Operator	Casinghead Gas Condensate	New perfs: 609	6' - 6181' o.a.		
change of operator give name					
nd address of previous operator					
I. DESCRIPTION OF WELL A	Well No. Pool Name, Includi	ing Formation	Kind of Lease Lease	No.	
Lease Name	. 1 Malage (D		State, Federal on Fee		
Vasquez Com		eraware/			
Location Tr	. 2310 Feet From The	North Line and 1925	Feet From The West	Line	
Unit Letter		e E	Eddy	County	
Section 3 Township	p 24S Range 28	E , NMPM,	nuay	<u></u>	
DECIONATION OF TRAN	SPORTER OF OIL AND NATU	JRAL GAS			
Name of Authorized Transporter of Oil	or Condensate				
EOTT Energy Corp.		P. O.Box 1188, He	ouston, TX 77251-1188		
Name of Authorized Transporter of Casing	ghead Gas X or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)	-	
El Paso Natural Gas Co	0.	P. O. Box 1492,	El Paso, TX 79978		
If well produces oil or liquids,	Unit Sec. Twp. Rge	Is gas actually connected?	When?		
give location of tanks.	F 3 24S 28E				
If this production is commingled with that	from any other lease or pool, give comming	gling order number.			
IV. COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Res'v D	oiff Res'v	
Designate Type of Completion		<u>i </u>	X	X	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
		Top Oil/Gas Pay	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Out 1-5	Tuoing Depar		
Perforations			Depth Casing Shoe		
r criorations					
		D CEMENTING RECORD	SACKS CEMEN		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEIVE	'	
V. TEST DATA AND REQUE	EST FOR ALLOWABLE				
OIL WELL (Test must be after	recovery of total volume of load oil and m	ust be equal to or exceed top allow	able for this depth or be for full 24 hours	·)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pum	n, gas lyt, etc.)		
		Color Description	Choke Size		
Length of Test	Tubing Pressure	Casing Pressure			
	Oli Bile	Water - Bbls.	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
Actual Frod. Test - MCF7D	20. gui di 100				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
, come					
VI. OPERATOR CERTIF	ICATE OF COMPLIANCE	OIL CON	SERVATION DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation		OIL OOK	OIL CONCENTANTION DIVISION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			AUG 6 1993		
	-	Date Approved	1100 0 1000		
C. Pan alkenburg		_	ORIGINAL SIGNED BY	· :	
- Zachnical ()		≽ By	MIKE WILLIAMS		
Signature Charlotte Van Valke	nburg, Coordinator	_	SUPERVISOR, DISTRICT II		
Printed Name	Title 918-491-4314	Title			
7/29/93	918-491-4314 Telephone No.	– 	inglement with problems on a common to empression and instrument		
Date	, or production				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.